



Application for a Water Right Permit

For Ecology Use
(Date Stamp)

12 MAY 15 A8:56

DEPT. OF ECOLOGY
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

- ☒ GROUND WATER ☐ SURFACE WATER
☒ PERMANENT ☐ SHORT TERM ☐ TEMPORARY
☐ DROUGHT

***A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

Section 1. APPLICANT

☒ I have participated in a pre-application conference with Ecology.

Applicant/Business Name: Palmer's Mutiny Bay Water System	Phone No: 360-331-4536	Other No:
Address: 5814 S. Palmers Lane		
City: Freeland	State: WA	Zip: 98249
Email Address (if available):		

Contact Name (if different from above): Jeff Tasoff	Phone No: 360-331-4131	Other No:
Relationship to Applicant: Water System Engineer		
Address: PO Box 1132		
City: Freeland	State: WA	Zip: 98249
Email Address (if available): jeff@dcgengr.com		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Palmer's Mutiny Bay Water Association	Phone No: 360-331-4536	Other No:
Address: 5814 S. Palmers Lane		
City: Freeland	State: WA	Zip: 98249
Email Address (if available):		

For Ecology Use	APPLICATION NO: 61-28726	SEPA: Exempt / Not Exempt
Fee Paid: 50-	Check No: 411805	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date 5/15/12 By 019 WRIA: 6
Pre-application interviewer:		

Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO
If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Briefly describe the purpose of your proposed project: Group domestic supply for the existing service area of the Palmer's Mutiny Bay Water System. See attached for the service area.

Anticipated length of time to complete your project: 10 years to install last 3 connections.

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Domestic-Multiple	25		6	continuously
TOTAL:				

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: <u>8" x 158' & 6" x 38'</u>
Tributary to: _____	Number of proposed points of withdrawal: <u>two</u>
Number of proposed diversion points: _____	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test. Well Tag ID No. <u>AGA511 & AGA512</u>

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
S7505-00-00001-1	SW	NW	15	02 E	29 N	Island
Lot(s)	Block(s)		Subdivision			
1-1			S7505			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

2,900 Feet (☒ North/☐ South) and 1,300 feet (☒ East/☐ West)

from the (☐NW ☒SW ☐NE ☐SE ☐) corner of Section15.

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S7505-00-00001-1	SW	NW	15	02 E	29 N	Island
Lot(s)	Block(s)		Subdivision			
1-1			S7505			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

2,900feet (☒ North/☐ South) and 1,300feet (☒ East/☐ West)

from the (☐NW ☒SW ☐NE ☐SE ☐) corner of Section15.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Attached						
¼	¼	Section	Twp.	Range	County	Parcel No.
SW	NW	15	29N	02E	Island	Attached
NW	SW					

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): System will be configured to connect the existing wells with submersible pumps to approximately 10,000 gallons of above ground storage. A booster pump system will be installed to pressurize the 2" and 4" PVC distribution mains. Source and individual water meters will be installed on the system.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: <u>fifteen (15)</u>	Present population to be served water: <u>nine (9)</u>
Type of connections: <u>homes</u> (e.g., home, recreational cabin)	Estimate future population to be served: <u>twenty-one (21)</u> (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: <u>65760 Y</u>	
Name of water system: <u>Palmers Mutiny Bay Water Association</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = not applicable ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: not applicable

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: not applicable

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: not applicable

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: not applicable

Other Use

not applicable

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From Clinton Ferry Terminal head north on SR 525. At stoplight in Freeland, turn left to Fish Road. Follow 1 mile to end. Take right on Mutiny Bay Road and follow 0.3 miles to Daymar Place on right. Wells are located approx. 150' up Daymar Place on right.

Site Address: 5771 Daymar Place, Freeland, WA 98249

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Ron Sandford

Print Name

(Applicant or authorized representative)

Signature

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

